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RN UPDATE

A Quarterly Publication of the Board of Nurse Examiners For the State of Texas

Accreditation • Licensure Practice

Government Publications
Texas State Documents



March 1995

Volume 26, No. 1
AUG 10 1995

Board Adopts Position Statements:

The Role of the Registered Nurse In the Restructured Health Care Delivery System, Board's Jurisdiction Over Title and Practice

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In response to concerns about client safety and the RN's responsibilities as a licensed practitioner, the Board charged its Nursing Practice Advisory Committee to develop a position statement regarding the RN's role in a restructured health care delivery system. The Nursing Practice Advisory Committee consists of representatives from nursing practice, nursing administration, and nursing education. (For more information on *Lunsford vs. Board of Nurse Examiners*, see the *Legal Eagle* column.)

THE ROLE OF THE REGISTERED NURSE IN THE RESTRUCTURED HEALTH CARE DELIVERY SYSTEM

In a time when cost consciousness and a drive for increasing productivity have brought about the reorganization and restructuring of health care delivery systems, the effects of these new delivery systems on the safety of clients/patients have placed a greater burden on the registered professional nurse (RN) to consider the meaning of licensure and assurance of quality care that it provides.

In the interest of fulfilling its mission to protect the health, safety and welfare of the people of Texas through the regulation of registered professional nurses, the Board of Nurse Examiners (BNE), through the Nursing Practice Act and rules and regulations, emphasizes the RN's responsibility and duty to the client/patient to provide and coordinate the delivery of safe, effective nursing care.

Specifically, the following portions of the law and rules and regulations underscore the responsibilities of the RN:

- * The Nursing Practice Act defines professional nursing to include assessment of clients/patients and the evaluation of care rendered (Article 4518, Section 5);
- * The delegation rules guide the RN in delegation of tasks to unlicensed assistive personnel who are utilized to enhance the contribution of the RN to the client's/patient's well being. When

performing nursing tasks, the unlicensed person cannot function independently and functions only under the RN's delegation and supervision. Through delegation the RN retains responsibility and accountability for care rendered (Rule 218). The Board may take disciplinary action against the license of an RN or RN administrator for inappropriate delegation;

* The Standards of Nursing Practice establish the role of the RN in planning nursing care, assuring a safe environment, making appropriate assignments and supervising those to whom assignments are made (Rule 217.11); and

* In *Lunsford vs Board of Nurse Examiners* (648 S.W. 2d, 391, Tex. App.—Austin, 1983), the court in affirming the disciplinary action of the Board, held that there is a nurse-patient relationship and that a nurse has a duty to the patient which cannot be superseded by hospital policy or physician's order.

The RN, by virtue of a rigorous process of education and examination leading to RN licensure, is accountable to the employer and to the Board to assure that nursing care meets standards of safety and effectiveness. The RN should assess, make critical professional judgments, provide client/patient education, evaluate delegated functions delivered by unlicensed assistive personnel and remain accountable for patient care rendered. It is only through his/her role as the coordinator of care that the RN can assure the delivery of safe, effective client/patient care. Therefore, it is the position of the Board that it is essential that RNs must determine and coordinate the nursing care needs of the people of Texas. (Board Action 1/95)

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A Word From the Executive Director

by Louise Waddill, PhD, RN

On February 16, 1995, a bipartisan group of senators filed 123 legislative measures designed to reform the Texas Medicaid system. Not surprisingly, the House followed suit filing their own bills with similar intent.

The Legislature has given the Medicaid issue high priority this session -- and with good reason. With efforts at health care reform on the federal level proving unsuccessful, market forces increasingly have forced the health care system to "reform" itself.

The Board's advisory committees, made up of nursing administrators, nursing educators, nurses in practice, and consumers of nursing care, have also reported similar cases of system reform throughout the state. According to the Board's advisory committees, "restructuring" is one of the most common ways registered nurses are experiencing health care reform.

The Board's position statement on the *Role of the Registered Nurse In the Restructured Health Care Delivery System*, gets at the heart of the Board's regulatory style: public protection with a conscience. Without the input from its advisory committees and other sources, the Board's view of current nursing practice and education would be inaccurate and moreover, harmful to the public it protects. And that, indeed would be unconscionable.

We hope this position statement, as well as any of the others published in this issue and future issues of *RN Update*, helps clarify the RN's responsibilities that, at times, may be complicated by restructuring or any other significant change in the health care delivery system.

Survey Shows Readership Receptive to RN Update

In November 1994, the Board mailed a questionnaire to a random sample of its readership. The following information was obtained:

- * Of the 6,000 readers mailed a survey, 2,128 responded (35%).
- * The majority of respondents were Staff/General Duty Nurses working in hospitals.
- * At least 80% of those surveyed read all sections of the newsletter.

The top five most widely read newsletter articles/columns were:

- 1.) *Nursing Practice Questions and Answers*
- 2.) *Topical Articles (Articles relating to Health Care Reform, Rural Health, NAFTA, Home Health Care and other newsworthy items)*
- 3.) *The Legal Eagle*
- 4.) *Education Update*
- 5.) *Continuing Education Questions and Answers*

The overall rating by most readers of the newsletter was that it has been "very useful" to them and their nursing practice and the Board should continue publishing it. Typical (continued on page 5...)

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Licensing Update: Licensure Verification

by Mark Majek, MA, PHR

There are three ways to receive written licensure verification from the Board:

- 1.) a letter of verification;
- 2.) licensure verification for employers; and
- 3.) verification to another state.

Letters of verification have flourished in the past few years due to the Board's rule not allowing the copying of licenses. To receive a letter of verification, the Licensing Department must receive a written request which includes the registered nurse's (RN) name, address, and license number. We will mail or fax the letter of verification within seven working days.

Licensure verification for employers is also a very popular vehicle used by many health care employers to verify licensure status of RNs. To receive this service, an employer must provide the Licensing Department with a name, license and/or social security number in writing. Our staff will mail or fax the verification back to the employer which includes the expiration date of each licensee. It is very important to spell the licensee's name correctly, since the license or social security number may not be available.

The last way to verify a license is to another state for endorsement purposes. If a Texas RN is attempting to endorse to another state, he or she must send the Licensing Department the verification form from that state and a \$10.00 fee. Upon receipt of the request, we will mail the verification directly to that state within seven working days. For further information, please call the BNE Licensing Department at (512) 835-4880.

BNE Advisory Committee Update

Nursing Practice Advisory Committee

The Nursing Practice Advisory Committee has recently recommended proposed rules concerning Minimum Procedural Standards During Peer Review. The rules are intended to protect the rights of the RN undergoing peer review and to give guidance to facilities in developing and administering peer review plans. The recommendations were accepted by the Board at the January meeting and the rules are proposed and will be considered for adoption on March 15, 1995. Additional information will be reported in the next issue of *RN Update*.

The next meeting is scheduled April 21, 1995, in Austin. At this meeting, the committee will discuss continuing competency, recommend guidelines for graduate nurses and proposed rules specifying time limit for renewal of an expired license. The committee meets quarterly to identify and discuss practice issues that significantly impact or may potentially impact the practice of nursing for which the regulation of nursing practice should be addressed. Meetings are open to anyone wishing to attend. For information, contact Kathy Vrazel at (512) 873-6599.

Advanced Nurse Practitioner Advisory Committee

The Advanced Nurse Practitioner Advisory Committee met January 9, 1995 to make final revisions to Rule 221. The amended rule will be presented to the full Board at the March 1995 meeting. For more information regarding this committee, contact Kathy Thomas, MN, RN, CPNP, at (512) 835-8657.

Advisory Committee on Education

At its November, 1994 meeting, the Board approved development and implementation of the Advisory Committee on Education (ACE). ACE includes representatives from nursing education and practice settings, nursing organizations, state agencies, and consumer groups. The purpose of ACE shall be to identify, review, and analyze issues in education and practice that have or may have a significant impact upon regulation of professional nursing education in Texas, including accreditation of schools and evaluation of graduates for licensure. The committee's role is advisory, providing reports and recommendations for Board consideration.

The first meeting of ACE was held January 13, 1995. The committee was oriented to its charges from the Board and updated on activities of the Education Department. Interpretive guidelines for recent changes in education rules were examined; these will be published and distributed this spring. One of the first tasks of ACE will be to develop rules for implementing the *Essential Competencies of Texas Graduates of Education Programs in Nursing*.

Continuing Education Questions and Answers

Q:**A:**

The Board receives numerous questions regarding the Continuing Education requirements. In an effort to assist nurses in understanding and complying with the rules, Kathy Vrazel, Office of Continuing Education, answers some recently asked questions:

Q: I am a CRNA certified by the American Association of Nurse Anesthetists (AANA). Why do I have to submit proof of 20 CE hours to the Board when AANA requires 40 hours of AANA approved programs? Why can't I just send the Board a copy of my AANA certification card, or a copy of my AANA transcript?

A: The continuing education rules are very specific on the documentation that is required. Rule 217.15, Sec. 9 (C) states, in part, "The provider shall furnish each participant a record of attendance specifying the provider, title, date and location of the program; number of contact hours; and provider number, grades and organization granting approval, if applicable." Since all of this information is not included on the recertification card or transcript, this type of documentation is not acceptable. Also, all programs accepted by the AANA may not meet rule requirements.

Q: If I am audited, what is the best way to assure that CE documentation is received in the proper department?

A: Send by regular mail in order to arrive at the BNE office by or before the due date. Always attach identifying documentation (such as the audit form) to the certificates. Do not send copies of certificates without your audit form attached or without your name, address, phone number and license number clearly attached. Send legible xerox copies and retain the originals for your records. Keep your CE documentation for two renewal periods (four years). Do not send CE certificates with your license renewal.

Q: I attended a workshop at Johns Hopkins University that was approved for Category I physician CE credit. Can I obtain nursing CE credit for attending this program?

A: Programs approved for physician continuing education credit which meet the criteria in the Board's rules are accepted for Type II credit for registered nurses. You may count up to 10 hours in Type II programs every two years. You should obtain a certificate from the provider to present to the Board if you are audited.

Q: I recently attended a BNE workshop. Due to heavy morning traffic, I arrived 30 minutes late and was informed that I would not receive CE credit for attending this program. I think this is extremely unfair and feel that I was "ripped off" because I paid a registration fee, took the day off from work, and now will not get credit for it.

A: As a continuing education provider, the Board agrees to adhere to the principles of continuing education as determined by the approving organization. The Board's policy is that a participant must arrive no later than 10 minutes after the program begins, remain for the entire program, and turn in an evaluation form at the end in order to receive continuing education credit. The Board has determined that this level of participation is required for attendees to achieve the learning objectives and obtain maximum benefit from the program.

Q: What is the difference between Type I and Type II programs?

A: Type I programs have been approved by one of the credentialing organizations recognized by the Board. Type II are programs which meet the definition of nursing continuing education and meet the criteria in the Board's rules, but have not been approved by a credentialing organization. Registered nurses are required to have at least 10 Type I hours every two years, and may count no more than 10 Type II hours.

Please write for our brochure, "The 1-2-3-'s of CE." Include a self-addressed, stamped envelope and mail to the Board's office, Attn: CE.

Practice Related Questions and Answers



The Board receives numerous calls and letters regarding practice issues. In this column, Sally Glaze, EdD, RN, CNS, and Donna Carlin, MSN, RN respond to frequently asked questions:

The Board has recently received many questions about co-signing documentation for other providers of nursing care. While this subject had been addressed some time ago, it has been raised again recently. Here are two such questions:

Q: As a faculty member supervising nursing students, am I required by law to co-sign all documentation written by my students in the patient's records?

A: There is no board requirement for co-signatures on student entries by nursing faculty. The co-signature indicates that the faculty member was present or observed all the activities about which the student is reporting in the record. Without this presence or observation, we do not advise a faculty member's co-signature. This does not preclude reviewing the entry made into the medical record for accuracy and clarity. Should the faculty member assist or observe the student, he/she could decide to record a separate entry or co-sign the student's entry for that particular situation.

Q: Are staff RNs required to sign for LVNs or other nursing staff members?

A: This situation is similar to that above. Again, the co-signature indicates that the RN has observed or participated in the activity that the LVN or staff member has documented. If the RN has only reviewed the documentation, he/she may sign that the documentation has been reviewed. For example, a trained nursing staff member may gather information such as vital signs, weight, and intake and output levels from which the registered nurse plans the patient's care. The LVN or staff member signs his/her signature for the entry. There is no board requirement that the RN also sign.

Proposed and Adopted Rules

by Erlene Fisher

At their regular meeting held on January 11-12, 1995, the Board of Nurse Examiners took the following action in relation to rules:

Proposed new §217.20, Minimum Procedural Standards During Peer Review. The proposed new rule was published in the February 3, 1995 issue of the *Texas Register* and will be considered for adoption at the March 15-16, 1995 meeting of the Board.

(Newsletter Survey, continued from page 2...)

readers' comments expressed gratitude for the newsletter's content and desire to maintain communication with the Board via this publication.

More details regarding the results of the newsletter survey will be published in future issues of *RN Update*. Thanks again to all those who participated.

ANP Questions and Answers

ANP

The Board receives many calls and letters regarding advanced nursing practice issues. Advanced Nurse Practitioners (ANPs) are Nurse Practitioners, Nurse Midwives, Nurse Anesthetists and Clinical Nurse Specialists. In this issue Kathy Thomas, MN, RN, CPNP will respond to questions regarding advanced practice.

Q: I am a new graduate of a family nurse practitioner program and have been offered a job in a Rural Health Clinic. I would be the only health care provider in the clinic and the physician I collaborate with is approximately 150 miles away. She will visit the clinic once a week. Are there any requirements for new graduates to have direct supervision? Can I see patients even though the physician is not immediately available? Do I have to have all my notes co-signed by the physician?

A: The Board does not require that you be supervised by a physician. In your collaborative arrangement with the physician, you must determine the appropriate amount of consultation and/or supervision which is necessary based on your education and experience. The Standards of Nursing Practice Rule 217.11 state in pertinent part that an RN must "...accept only those nursing assignments that are commensurate with one's own educational preparation, experience, knowledge and ability." As a new graduate, you are likely to require more consultation than an experienced nurse practitioner. In the arrangement you describe, you will not have a physician readily available to confirm your findings by direct observation of the patient. You must ask yourself whether you possess the necessary knowledge and skills to safely provide primary care for patients under such an arrangement.

Your notes do not have to be co-signed by the physician; however, you must have protocols, policies or other physician orders which authorize you to implement certain medical aspects of care. These protocols/policies must be jointly developed by you and your collaborating physician(s) and reviewed and signed at least annually (Rule 221.8). If you have prescriptive authority as authorized by Rule 222, the physician must visit the clinic at least once a week. You must relay daily reports to the physician regarding complications encountered and the physician must be readily available by direct telecommunications when you are seeing patients. In addition to these requirements, the Board of Medical Examiners imposes additional conditions for physician weekly visits, including chart audits of at least 10% of the patient files, documentation in a log of the patients discussed during daily status reports, the times the physician is on site, and a summary of what the physician did while on site. A copy of these rules (BME Rule 193.8) can be obtained from the Board of Medical Examiners, 1812 Centre Creek Drive, Austin, Texas, 78754.

Q: We are a small rural hospital that contracts with a CRNA to provide anesthesia-related services. This CRNA is credentialed through medical staff policies. The surgeons order anesthesia for their patients by this CRNA. Recently our legal counsel has questioned whether the surgeon is responsible for the CRNA's acts. Can you address the CRNA's responsibilities under his license?

A: The BNE does not interpret or advise in matters of civil liability for torts (e.g. negligence/malpractice). Therefore, the following comments are limited to matters within the Board's purview which are scope of practice, standards and requirements related to licensed practice.

The CRNA's authorization to practice is derived from the Nursing Practice Act and his/her educational preparation as a nurse anesthetist. Like physicians and other providers, the CRNA is frequently credentialed to practice in facilities by medical staff bylaws or policies. These policies authorize the CRNA to carry out anesthesia related services but do not constitute physician delegation. In the Nursing Practice Act, the definition of professional nursing states that physician orders are required to administer medications; however, when the nurse carries out the order, it becomes a nursing act for which the RN is responsible and accountable. Thus, a CRNA must have an order to administer anesthesia from a physician. But there is no requirement the order specify the drugs, dosages and routes, because these determinations are within the CRNA's scope of practice.

There is case law which has determined that a professional is not accountable for another professional's acts unless the first professional is negligent. Thus, if the physician ordered a CRNA to give a medication which was not appropriate, then the

physician would be accountable. But if the physician requested a CRNA administer anesthesia and the CRNA's negligence resulted in harm to a patient, the CRNA would be responsible.

If you have an advanced practice question that you would like to have answered through the Board's newsletter, send your question to :

Kathy Thomas, MN, RN, CPNP
Director of Practice
 Department of Nursing Practice
 Board of Nurse Examiners
 Box 140466
 Austin, Texas 78714

Education Report

by Paul R. Waller, PhD, RN

The following actions were taken by the Board at its January, 1995 meeting:

Approved the following faculty waiver petitions:

*South Plains College, ADN: Debra Morgan
 and Linda Robertson*

Continued initial accreditation of the following program based on review of survey visit and annual report:

Temple Junior College, ADN

Continued full accreditation of the following programs based on review of survey visits and annual reports:

*San Antonio College, ADN
 Wharton County Junior College, ADN
 Angelo State University, ADN
 Angelo State University, RN-BSN*

Continued full accreditation of the following programs based on review of annual reports:

*Abilene Intercollegiate, ADN
 Abilene Intercollegiate, and
 Baylor University, BSN
 Blinn College, ADN
 Central Texas College, ADN
 College of the Mainland, ADN
 Collin County Community College, ADN
 El Centro College, ADN
 El Paso Community College, ADN
 Houston Baptist University, ADN
 Tyler Junior College, ADN*

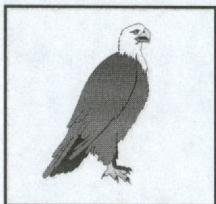
*Houston Baptist University, BSN
 Howard College, ADN
 Kilgore College, ADN
 Lamar University, ADN
 Lamar University, BSN
 Methodist Hospital, Diploma
 Midland College, ADN*

NEAC Competencies Pilot

Fourteen professional nursing programs and eight vocational nursing programs have been participating in a pilot to assess their curricula and implement the competencies included in *Essential Competencies of Texas Graduates of Education Programs in Nursing*. This publication, the Nursing Education Advisory Committee's (NEAC) final report dated March, 1993, describes the essential competencies expected of new graduates of nursing programs in Texas. The Advisory Committee on Education (ACE) is currently developing rules for statewide implementation of the competencies.

Professional nursing education programs participating in the NEAC pilot are the following:

*Abilene Intercollegiate, ADN
 Angelina College, ADN
 Austin Community College, ADN
 Baylor University, BSN
 Central Texas College, ADN
 El Centro College, ADN
 El Paso Community College, ADN
 North Harris/Montgomery Community
 College, ADN
 San Antonio College, ADN
 Tyler Junior College, ADN
 UT Brownsville in Partnership with Texas
 Southmost College, ADN
 Prairie View A&M University, BSN
 The University of Texas at Tyler, BSN
 Texas Tech University, BSN*



Legal Eagle

Penny Burt, JD, RN, General Counsel for the Board of Nurse Examiners, answers your questions regarding the Nursing Practice Act, board rules and regulations, and other legal issues relating to nursing.

Q: I've seen references to "*Lunsford vs. Board of Nurse Examiners*" but I don't know exactly what it means to me as a practicing nurse. Could you explain it to me in plain English?

A: Fortunately the Lunsford opinion is reader-friendly so I am going to quote it extensively. In a nutshell, the significance of this case is that a registered nurse owes an independent duty to the patient stemming from the privilege, granted by the State in the form of a license, which cannot be relieved by hospital policy or a physician's order.

Lunsford v. Board of Nurse Examiners, 648 S.W. 2d 391 (Tex.App. 3 Dist. 1983) is a court case decided by the Austin Court of Appeals in 1983. In its decision the Court described the facts and the Board's disciplinary action against M. Lunsford, R.N., (referenced to below as "appellant") as follows:

On March 9, 1980, appellant was employed as a registered nurse at the Willacy County Hospital in Raymondville, Texas. On this date, Donald Wayne Floyd, suffering from chest pains, sought medical assistance at the Willacy County Hospital. Floyd's companion, Frances Farrell, entered the hospital with Floyd, and after leaving Floyd in the waiting room, sought medical assistance from further within the hospital structure. Floyd, travelling through Raymondville with Farrell on their way to Houston, complained of great pain and pressure in his chest accompanied by a pain and numbness radiating down his left arm. Farrell also testified that Floyd was extremely anxious and quite grey in color. Farrell, in her search for medical help, found a physician sitting at the nursing station outside one of the treatment rooms. She requested his assistance, but was instructed to seek help from a nurse because he was quite busy. Farrell insisted that the physician help Floyd, who she explained was suffering from chest pains, but was again instructed to seek the assistance of the nurse on duty.

Appellant Nurse Lunsford then approached the nurse's station and was instructed by the physician to send Floyd onto Valley Baptist Hospital in Harlingen, twenty-four miles away. In instructing appellant, the physician pointed to the hospital's only cardiac care equipment then in use on another patient. Appellant then went into the waiting room and found Floyd lying on a table complaining of his chest pains, which were also radiating into and under his arms. After questioning Floyd, appellant learned that he had not eaten anything unusual that day, nor had he engaged in any heavy physical exercise. Although she admittedly suspected "cardiac involvement," she failed to take Floyd's vital signs. She instead instructed Farrell to drive Floyd the twenty-four miles to Valley Baptist Hospital in Harlingen. She instructed Farrell to "speed" there and to drive with the auto's emergency flashers on. Appellant also instructed Farrell to use the auto's c.b. radio to summon aid on the way into Harlingen. The last thing appellant did was ask Farrell if she knew C.P.R. since there was a chance that she might have to use it while in route to Harlingen. Appellant then sent them on their way.

Floyd died shortly thereafter, less than five miles from the Willacy County Hospital in Raymondville.

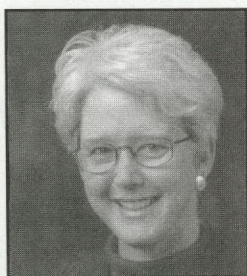
The Board of Nurse Examiners, pursuant to Tex. Rev. Civ. Stat. Ann, art. 4525(a)(9)(Suppl. 1982-83), suspended appellant's license to practice as a nurse in the State of Texas for one year, after a hearing on appellant's actions with respect to Floyd's death. The Board found that appellant's conduct had been "*unprofessional and dishonorable conduct likely to injure the public.*"

(continued on page 14)

GUEST COMMENTARY

Nursing Is Key To Responsible Restructuring of Health Care Delivery System

by Toni Inglis, MSN, RN, CNS



The Board of Nurse Examiners for the State of Texas has issued a Position Statement on *The Role of the Registered Nurse in the Restructured Health Care Delivery System*, printed on page 1 of this issue. The stand taken by the Board seeks to maintain the integrity of the nurse-patient relationship and clarify new roles of the RN while fulfilling its charge to protect the safety and health of Texans.

First a little history. While the health care industry was preoccupied with reform via Washington, the managed care train, having built up

speed for 20 years, slammed into us from behind. To cope with insurers' demands for discounts and loss of business to outpatient settings, hospitals are cutting labor costs, notably nursing.

Redesigned work teams rely more on lower-paid unlicensed assistive personnel (UAP) for simple duties. The workplace re-engineering can mean big savings. Hospitals may save as much as \$25,000 per year for each nurse's job converted to an aide, and nursing staffs may be cut by more than 20 percent.

For nurses, this subject of our tumultuously changing health care delivery system strikes a sensitive nerve. Many nurses agree that hospitals' efficiency campaigns are appropriate, that low-skill tasks are more appropriately done by UAPs under nurse supervision, allowing RNs the opportunity to better plan and coordinate care through nursing process—assessment, intervention, and evaluation. Other nurses are concerned that putting a layer of low-skilled workers between the licensed professional and the patient not only deteriorates the quality of care but also costs them their jobs.

On a personal level, I have mixed feelings about the changes. The Neonatal Intensive Care Unit where I've worked as a staff nurse for the past 15 years is now hiring UAPs to supplement (and ultimately replace some) registered nurses. I understand that my hospital is strapped and that efficiency measures are necessary. And in fact I freely and comfortably delegate low-level tasks to the volunteers in our unit, allowing me more time to perform high-skill care without sacrificing quality. In the other units of the non-profit hospital where I work the changes have been made responsibly without patient care suffering. I believe this is because the changes have been largely determined by registered nurses. A registered nurse sits on the hospital Board of Directors, the vice presidents are RNs, and our units are self-governed.

But I've seen the other side, too. The last six days of my mother's life were spent in a for-profit hospital that had light sconces made of shell and marble on the walls. Yet I personally had to search two floors of this unfamiliar hospital to find a suction set-up for her room. The persons "caring" for her could tell me when they last turned her, but they couldn't tell me her disease progression, what the doctor had said, or her plan of care. When I finally found a registered nurse she was too busy charting, relaying doctors' orders, and dealing with IVs to talk to me. As it turned out, this hospital, not surprisingly, had a high nurse turnover rate, and redesign changes had been made swiftly, irresponsibly, and without appropriate registered nurse input.

Nurses throughout Texas have shared with me what has and hasn't worked in redesign. Where successful, always, nursing had carefully and meticulously planned. Staff nurses were highly involved and prepared for the changes. They were taught communication and delegation skills. The UAPs were carefully trained regarding both their duties and their role. And they were accepted. Where restructuring has not been successful, the changes were swift—without appropriate planning. Decisions were made by non-clinicians. Nurse-patient ratios were unacceptably low, and staff nurses were not adequately prepared for the changes.

"The Position Statement reflects that the Board recognizes the "greater burden" placed on RNs and seeks to optimize the unavoidable changes."

(continued on page 10)

It seems to me that a profound conflict of values emerges as market-based cost obsessiveness drives the redesign of health care financing and delivery. The Position Statement reflects that the Board recognizes the "greater burden" placed on RNs and seeks to optimize the unavoidable changes.

It must never be forgotten that health care is a human service, not just a widget or commodity to be callously bought and sold. As frontline caregivers, nurses know this, and that's why our influence is essential in re-engineering health care delivery systems to offer the highest quality care at the lowest possible cost.

Ms. Inglis has practiced as staff nurse in the Regional Neonatal Center at Seton Medical Center in Austin since 1980. Her BSN and MSN are from The University of Texas at Austin School of Nursing. At the LBJ School of Public Affairs she studied Policy Development under former Congresswoman Barbara Jordan and Health Care Finance. She serves on numerous community boards and councils and has written extensively on health care issues.

In accordance with Art. 4525a, Sec.16(a), Vernon's Civil Statutes, the Board disseminates information "that is of significant interest to professional nurses and employers of professional nurses in Texas." As part of its Strategic Plan for the agency, the Board has identified the need for regular input on nursing practice, licensure, and education. The Guest Commentary in *RN Update* is one way of meeting that need.

Comments regarding this column should be addressed to the Editor at the Board's address. The opinions expressed in the Guest Commentary are those of the author.

Insufficient Funds Items

As of March 1, 1995, the following nurses appear on the records of the Board of Nurse Examiners as debits for failure to respond to notices of returned checks. Should any of these nurses be in your employ or seek employment with your agency/institution, please contact the Board's office. If any of these nurses are practicing in Texas as a registered nurse, they are in violation of the Nursing Practice Act and would be subject to disciplinary action by the Board.

<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>		<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>	
Asble, Alex Walter	564983	License	Jenkins, Victor I	517158	License
Bablitz, Nancy Elizabeth	553715	License	Jones, Cherie Lyne	241063	License
Barr, Lori Anne	537652	License	Jones, Gwendolyn	063362	Permit
Buol, Kolleen Kay	516233	License	Kirk, Sandra Andrews	521416	License
Clark, Victoria	50398	Permit	Kishbaugh, Shari Elizabeth	575583	License
Conti, Angela Rose	552231	License	Kuntz, Eileen Marie	514331	License
Dennis, Patricia Ann	503975	License	Kurylo, Kim Diane	580995	License
Falkner, Barbara Marie	587013	License	Levingston, Lynnell	73626	Permit
Farra, Diane Rae	560781	License	Masters, Mary Jane	550218	License
Felkins, Bettye Lisa	557452	License	Mealor, Helen	50375	Temporary
Filler, Marcia Ann	553220	License			License
Fryer, Renee Marie	578735	License	Mitchell, Sandra	565160	License
Garrett, Civillia A.S.	220533	License	Morganti, Dominick J	530514	License
Gazey, Patricia Mary	69539	Permit	Nims, Teresa Masadie	565233	License
Glisson, James M	239549	License	Njeri, Malene	218553	License
Guthrie, Kelly R.	547982	License	Olivier, Marie Claudia	514361	License
Handlin, Kathy L	512842	License	Pangilinan, Julie	445792	License
Hart, Janet	070678	Permit	Payne, Traci Lee	569734	License
Howell, Sharon	459387	License	Pierce-Berkil, Kristie	071891	Permit

<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>		<u>NAME</u>	<u>LICENSE # OR PERMIT #</u>	
Rae, Lisbeth Sue	538984	License	Sharaf, Charmaine Marie	568525	License
Raffaele, Mark	74257	Permit	Sloane, Gail Theresa	550406	License
Rosko, Lisa Marie	538707	License	Strouhal, Susan Kay	557026	License
Sanderson, Brenda Mary	538111	License	Vasquez, Emerald J D	207588	License

Notice of Disciplinary Action

The following registered nurses had disciplinary action taken against their licenses. If you would like to receive additional information regarding the disciplinary action which has been imposed, please send your request to the Board of Nurse Examiners, Investigations Department, P.O. Box 140466, Austin, Texas, 78714.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Sabo Augustine Ameh	598434	Suspend/Probate	12/08/94
Carla Madeline Anderson	586387	Reprimand with Stipulations	1/11/95
Karen Joyce Anderson	557301	Reprimand with Stipulations	12/08/94
Patricia Anne Barney	523893	Revoke	1/11/95
Virginia Ann Bland	603187	Reprimand with Stipulations	12/08/94
Beverly Diane Brown	579453	Revoke	1/11/95
Shelia L. Brown	544557	Reprimand with Stipulations	12/08/94
Lawrence Ellis Carter	248757	Reprimand with Stipulations	12/08/94
Sharon D. Collier	532971	Warning with Stipulations	2/14/95
Rene Cooper-Scott	557383	Reprimand with Stipulations	2/14/95
Katherine Curtis	547172	Revoke	12/08/94
Jennifer Elizabeth C. DeBaca	549447	Revoke	1/11/95
Vicki A. Duncan	508054	Reprimand with Stipulations	12/08/94
Lisa Ann Edwards	580120	Reprimand with Stipulations	12/08/94
Philomina Ngozi Ehirim	571714	Remedial Education	12/08/94
Patrick L. Fowler	533267	Revoke	1/11/95
Patricia M.L. Freeman	225446	Warning with Stipulations	2/14/95
Naomi A. Taylor Gentry	403854	Warning with Stipulations	12/08/94
Leeann Lenise Gilbert	598360	Reprimand with Stipulations	2/14/95
Sylvia S. Helton	525602	Revoke	12/08/94
Carol June James	249919	Reprimand with Stipulations	12/08/94
Cindi Sue Kensell	552318	Revoke	2/14/95
Mary G. King	540715	Revoke	1/11/95
Clifford M. Langford	254799	Revoke	1/11/95
Lorraine Lauver	255738	Warning with Stipulations	2/08/95
Jay Michael Lovell	458986	Revoke	1/11/95
Janet Lynn Lugo	576339	Reprimand	2/14/95
Suzette Lyn Crees Meredith	421611	Warning with Stipulations	12/08/94
Dawn Marie Moreno	585867	Remedial Education	12/08/94
Judy J. Mueller	529860	Warning with Stipulations	1/19/95
Clementine Chinelo Nweke	583816	Remedial Education	12/08/94
Jesse Blake Pinard	596395	Enforced Suspend/Probate	12/08/94
Monica Esther Plenty	563906	Warning with Stipulations	2/15/95
Carla Raye Powell	559390	Reprimand with Stipulations	12/08/94
Mary Kay Rix	559283	Reprimand with Stipulations	12/08/94
Jean Ellen Roberts	596609	Reprimand	12/08/94

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Karen Denise Robinson	559287	Warning	12/08/94
Kimberly L. Schroeder	541472	Warning	12/08/94
Mark O. Sides	256436	Suspend/Probate	12/08/94
Eleanor L. Soltau	250283	Reprimand with Stipulations	2/14/95
Sherri Sue Sonntag	249053	Reprimand with Stipulations	12/08/94
Nieves Caneda Tinapay	588133	Remedial Education	12/08/94
Pete Kin Man To	544940	Warning with Stipulations	2/14/95
Lester E. Townsend	537918	Reprimand with Stipulations	12/08/94
Larry L. Tucker	506073	Revoke	1/11/95

The following registered nurses were disciplined for practicing with a delinquent license.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Elizabeth Ann Dodson Carpenter	503101	Reprimand	12/08/94
Carol L. Bayer Mirsky	216455	Reprimand	12/08/94
Mary Ann Schroeder	570635	Warning	1/11/95
Margaret M.C. Shearer	229056	Warning	12/08/94
Jackie D. Wiley	240293	Reprimand	12/08/94

The following registered nurses were disciplined for failing to comply with the requirements of mandatory continuing education.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Janace Lucille Early	520556	Reprimand with CE-Stipulations	12/08/94
Brenda Kay Gray	237739	Reprimand with CE-Stipulations	12/08/94
Johnanna Greiner	245027	Reprimand with CE-Stipulations	1/11/95
Susan K. Hicks	517038	Reprimand with CE-Stipulations	1/11/95

The following registered nurses were Reinstated to practice professional nursing in the State of Texas.

<u>NAME</u>	<u>LICENSE #</u>	<u>CONDITIONS</u>	<u>DATE OF ACTION</u>
Rosemary Dudley	241644	Reinstated with Stipulations	12/08/94
Pamela Jane Blunt Seabolt	561852	Reinstated with Stipulations	12/08/94
Judy Ann Seng	549534	Reinstated	12/08/94

The following individuals have voluntarily surrendered their licenses to practice professional nursing in the State of Texas.

<u>NAME</u>	<u>LICENSE #</u>	<u>MONTH/YEAR OF SURRENDER</u>
Michael Arthur Anderson	542205	November, 1994
Eva-Lee Baldwin	240545	December, 1994
Helga A. Barger	253708	November, 1994
Marla Jo Carruth	588647	January, 1995
Joan Isabel Esden	520702	November, 1994
Barbara Ann Foster	590489	January, 1995
Molly Hatcher	252249	November, 1994
Jere Katharine Heimbach	506576	January, 1995
Dorothy R. Meacham	544702	January, 1995
Amy Christine Nelson	587671	January, 1995
Alice Marie Oliveaux	557423	November, 1994
Cynthia Booth Pharis	506795	January, 1995
Diane Susie Powell	518760	December, 1994
Charles David Rodriguez	257540	February, 1995

<u>NAME</u>	<u>LICENSE #</u>	<u>MONTH/YEAR OF SURRENDER</u>
Joyce Lavon Schultz	448908	January, 1995
Dwana D. Siebe	526833	January, 1995
Paula Ann Spencer	586640	November, 1994
Suzanne Hammond Stevens	409395	November, 1994
Brenda Lucille Szabo	568629	November, 1994
Susan Tomlinson	222111	February, 1995
Janice Rita Wohl	598066	December, 1994

As of February 16, 1995, the following registered nurses have failed to return their licenses to the Board for appropriate disciplinary notation.

<u>NAME</u>	<u>LICENSE #</u>	<u>DISCIPLINE</u>	<u>DATE OF ACTION</u>
Janace Lucille Early	520566	Reprimand with CE-Stipulations	12/08/94
Johnanna Greiner	245027	Reprimand with CE-Stipulations	1/11/95
Susan K. Hicks	517038	Reprimand with CE-Stipulations	1/11/95
Rose M. Ortiz	500561	Reprimand with CE-Stipulations	10/20/94

As of February 16, 1995, the following individuals have failed to return their licenses to the Board. Their licenses to practice professional nursing have been REVOKED.

<u>NAME</u>	<u>LICENSE #</u>	<u>DATE OF ACTION</u>
Shirley Ellena Black	551029	9/22/93
Katherine Curts	547127	12/08/94
Julio Efrain Garcia, Jr.	507613	6/16/94
Clifford N. Good	500281	8/25/94
Shirlee Jeanne Grace	550376	2/22/94
Audra Ann Hamilton	572092	6/16/94
Mary G. King	540715	1/11/95
Larry L. Tucker	506073	1/11/95
Joseph H. Westbrook	599368	10/20/94

IMPOSTOR / WARNING

Toni Stringfellow aka: Toni Weikam, Toni Trujillo



Toni Stringfellow

In previous issues of the *RN Update*, we have printed information regarding the illegal practice as a registered nurse by Ms. Stringfellow. Recent information has been received that Ms. Stringfellow has continued to apply for RN positions in the San Antonio area. Ms. Stringfellow has used license numbers belonging to RNs with whom she has worked in the past. If you have any knowledge or information regarding the employment practices of Ms. Stringfellow, please contact the Board's office. The Board is pursuing legal action through the Bexar County Attorney's office.

Legal Eagle**(continued from page 8)**

Lunsford challenged the Board's action contending, among other things, that the evidence was insufficient to warrant the Board action and that she had no legal duty to care for Floyd. In reviewing the evidence on this issue, the Court wrote as follows:

The testimony adduced at the hearing before the Board shows that Floyd presented himself, complaining of chest pains, to appellant at the hospital where appellant was employed as a registered nurse, that appellant turned him away to another hospital twenty-four miles away, and that Floyd died minutes thereafter.

Appellant contends that she had no choice but to send Floyd onto the other hospital. Appellant claims that the hospital policy precluded Floyd's treatment. It appears that the hospital had a policy to send all patients to Valley Baptist Hospital unless they had a physician on the hospital's staff or unless it was a "life-death situation." Clearly Floyd was in such a "life-death situation," and was not precluded treatment by the hospital's policy. Appellant also claims that it would have been futile to take Floyd's vital signs and inform the on-duty physician since the physician had already ordered appellant to send Floyd on to Valley Baptist Hospital. At the hearing, the physician admitted telling the appellant to send Floyd to Harlingen, but stated that he had no idea of Floyd's fatal instability since the only information he had was that Floyd was having chest pains. The physician also testified that the cardiac E.K.G. equipment was available to use on Floyd, along with various medications.

The Court found that Lunsford failed to (1) assess Floyd's condition, (2) inform the physician of the "life and death" nature of Floyd's instability and (3) take reasonable measures to stabilize Floyd's condition and prevent his demise.

Regarding Lunsford's claim that she had no legal duty to Floyd, the Court held:

Appellant contends that Texas law does not recognize a "nurse-patient" relationship. Initially, we hold that appellant's contentions that she owed Floyd no duty because Floyd was neither a patient of the hospital nor of the on-duty physician are without merit, since we hold that her duty to Floyd is not derivative from such a third party relationship. Her duty to Floyd stems from the privilege granted to her by the State of Texas in licensing her as a nurse, and therefore, could not be relieved by a hospital policy or a physician's order.

This appeal deals with the suspension of a privilege, granted by the State, for appellant's "unprofessional and dishonorable conduct," which resulted in the death of an individual. When appellant received the privilege of being licensed as a nurse in this State, she entered into a covenant to serve the people of this State with all her professional skills and powers. This suit is not brought in contract or in tort by one individual who feels he or she has been wronged by appellant's action or inaction, but this suit is brought by the people of this State for appellant's violation of her contractual duties to them to always act in a professional and honorable manner.

As to appellant's claim that this State does not recognize a "nurse-patient" relationship, we draw appellant's attention to *Childs v. Greenville Hospital Authority*, 479 S.W.2d 399, 401-02 (Tex.Civ.App.1972, writ ref'd n.r.e). In *Childs*, the court quotes Professor Prosser for the proposition: " ...

... No better general statement can be made, than that the courts will find a duty where, in general, reasonable men would recognize it and agree

that it exists. [emphasis added]
Prosser, Law of Torts, Sec 53, 3rd ed. (1964).

Accordingly, we hold that a nurse situated such as appellant in this cause, has a duty to evaluate the medical status of the ailing person seeking his or her professional care, and to institute appropriate nursing care to stabilize a patient's condition and prevent further complications of physical and mental harm.

Thus sayeth the Third Court of Appeals.

Q: My employer eliminated my RN position in a cost-saving reorganization. I have been offered an LVN position. If I accept it, am I still responsible under the Nursing Practice Act and board rules?

A: Yes. Once you are licensed as a registered nurse you acquire a duty to practice up to the standards of your license. I hope this information is helpful to you.

Education Report (continued from page 7)

Representatives of these programs met in Austin on January 20, 1995 to discuss the process of implementing the competencies in their schools. Successes and difficulties encountered were discussed, along with suggestions for achieving success in implementing the competencies. Suggestions for clarification of some competencies will be addressed by ACE. Representatives agreed to serve as consultants for other programs anticipating implementation of the competencies.

NCLEX-RN Test Plan Revised

Based on the 1992-1993 Job Analysis Study of Newly Licensed, Entry-Level Registered Nurses, the Test Plan for the NCLEX-RN has been revised. The revised Test Plan will be implemented in October, 1995. While the major content categories for the examination are unchanged, specific percentages of content for each individual administration of the test have been reallocated.

Each examination question represents a phase of the nursing process and a client needs category. The nursing process is divided into five categories: a.) assessment; b.) analysis; c.) planning; d.) implementation; and e.) evaluation. Client needs include: a.) safe, effective care environment; b.) physiological integrity; c.) psychosocial integrity; and d.) health promotion and maintenance. Questions examining knowledge, comprehension, application, and analysis are included in each examination, with emphasis on application and analysis. Copies of the revised NCLEX-RN Test Plan, including further detail about development of the plan and extended descriptions of the content areas, are available from the National Council of State Boards of Nursing at (312) 787-6555.

STATEWIDE NURSING EDUCATION CONFERENCE: ISSUES AND CHALLENGES

Board staff are planning a continuing education conference for nursing education administrators and faculty to be held in Austin, June 1, 1995. The conference will address recent changes in the Board's *Rules and Regulations* related to nursing education, update participants on incorporation of the *Essential Competencies of Texas Graduates of Education Programs in Nursing* in curricula, and examine other issues related to admission, retention, and progression of students. Further details, including registration materials, will be mailed to educational program administrators and faculty when available.

Board Adopts Position Statements (continued from page 1)

BOARD'S JURISDICTION OVER TITLE AND PRACTICE

The Board expanded the language in the position statement to include the RN's responsibilities when functioning in an LVN or an unlicensed position. Although the Board is unaware of any RNs functioning in unlicensed positions in Texas, there have been some reports of RNs functioning in LVN positions in Texas. The amendment to this position statement emphasizes the RN's responsibility to the Board and RN standards of practice.

BOARD'S JURISDICTION OVER TITLE AND PRACTICE

Individuals who hold licensure as registered professional nurses in Texas are responsible and accountable to adhere to the Nursing Practice Act and Rules and Regulations of the Board of Nurse Examiners. Standards of professional nursing practice require that each RN practice to the level of their knowledge and skills. The Board, through its Rules and Regulations, further communicates the expectation that the RN must intervene appropriately to protect and promote client health and well being.

RNs Functioning in LVN or Unlicensed Positions

As a result of recent changes in health care delivery systems, RNs have begun to be employed in lower level positions (LVN and unlicensed positions), with purportedly fewer responsibilities. The Board holds a licensed registered professional nurse, who is working in a lower level position, responsible and accountable to the level of education and competency of an RN. (Board Action 1/95)

Use of the Title RN when Providing Related Services

Further, the use of the title Registered Nurse or any designation tending to imply that one is a licensed RN is limited to those licensed by the Board. The use of this title is restricted by law to assure the public that professional nurses are competent and accountable to the Nursing Practice Act and Board rules. The public relies on the Board to set and enforce standards of practice for all licensees. Use of the title to attract clientele or secure employment without intent to comply with the Nursing Practice Act (NPA) and the Board's rules is deceptive to the public and would be considered unprofessional conduct by the Board.

In the opinion of the Board, the expressed or implied use of the title RN requires compliance with the NPA and Rules and Regulations. Therefore, licensed professional nurses choosing to provide services, including but not limited to, midwifery, micro-pigment implantation, chemical skin peels, hair transplantation and scleral therapy must comply with the NPA and Board rules just as any other licensed professional nurse. (Board Action 11/93)

For more information regarding the position statements published in this issue of the newsletter, please contact Eric M. Gutierrez, Information Specialist, at (512) 835-8674.

BNE Monitoring Legislation Affecting Nursing

Effects of Passed Legislation to be Published in September
Issue of *RN Update*

BNE staff have initiated a preliminary analysis of relevant bills introduced this legislative session and the effect they might have on nursing practice, education and licensure. Eric M. Gutierrez, Information Specialist, is responsible for the final report on legislation to the Board some time after the end of the session. A full report of bills passed as well as analysis and commentary will be published in the September issue of *RN Update*. Anyone wishing information regarding current relevant bills can contact the Board at (512) 835-8674.

Board Determines RN First Assisting Within the Scope of Practice of Professional Nursing

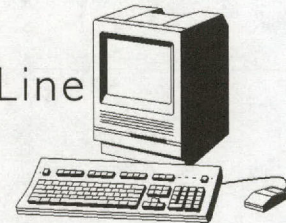
In March 1993, the Association of Operating Nurses (AORN) revised their position statement on RN First Assistants. The revised position statement recognized RN first assisting as within the scope of practice of perioperative nursing as well as defined the qualifications and educational preparation of an RN First Assistant. AORN requested the American Nurses Association's (ANA) endorsement of this statement, which was granted in April 1994.

At its January 1995 meeting, the Board determined RN First Assisting is within the scope of practice of the registered nurse and that RNs who practice in such a role should meet the requirements outlined in the above mentioned AORN position statement.

To obtain a copy of the AORN position statement on RN First Assisting, contact them directly at:

AORN, Inc.
2170 S. Parker Road, Suite 300
Denver, CO 80231
(303) 755-6300

BNE Bulletin Board, **BNE-BBS**, Now On Line



The Board's Bulletin Board System, **BNE-BBS**, is now on line and available for use by anyone who owns a computer with a modem. The BBS can be reached via modem by calling (512) 835-8694. Each caller may spend 45 minutes a day on the BBS. The BBS is open to the public at no charge.

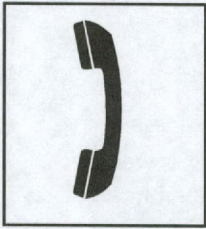
Callers can download to their own computer the Nursing Practice Act, the Board's rules and regulations, the Board's Position Statements, Disciplinary Flyers provided to all employers of nurses, and a variety of BNE publications. First time callers will be required to answer a few questions in order to set up an account on the system, including the creation of a private password.

The BBS will also contain screens with information in the following areas:

- * *Board News*
- * *BNE Bulletins*
- * *Comments to the Board*

The Board encourages any user of the BBS to make comments and suggestions as to how we can provide better service to the public via the BBS. Any questions regarding the use of the BBS can be directed to Eric M. Gutierrez, Information Specialist, at (512) 835-8674 or by writing to the Board's address.

Who To Call For Assistance



Last year the Board's office received over 220,000 telephone calls. In an ongoing effort to assist callers by answering questions about the Board's policies, the telephone system now includes more direct numbers, recorded information messages

and voice mail. Voice mail and information features are available during and after regular office hours and on weekends and holidays. The following is a list of helpful numbers:

LICENSING.....(512) 835-4880

(License verification, endorsement/reciprocity information, prescriptive authority information, ANP approval status, general information)

NURSING PRACTICE.....(512) 835-8686

(Interpretation of NPA and Board's rules regarding disciplinary proceedings, practice issues, advanced nurse practitioners)

NURSING EDUCATION AND EXAMINATION.....(512) 835-8650

(RN nursing programs, extended campuses, NCLEX-RN applications, graduate nurse permits, NPA questions, board rules and regulations inquiries, and declaratory orders)

INVESTIGATIONS.....(512) 835-8686

(NPA and Rules and Regulation violations, complaint and disciplinary action inquiries, monitoring of disciplined RNs)

ADMINISTRATIVE SUPPORT SERVICES.....(512) 873-6555

(Returned checks, refunds, debits)

SALES OF LISTS.....(512) 873-6554

computerized lists of RNs on floppy diskettes, magnetic tape, hard copy and/or mailing labels))

CONTINUING EDUCATION.....(512) 835-8685

(Information on the state's requirements for mandatory continuing education for registered nurses)

LEGISLATIVE INFORMATION.....(512) 835-8674

(Recent legislative amendments affecting NPA, health care reform issues, and any other legislation regarding the regulation of professional nursing)

Office Hours and Location

The office of the Board of Nurse Examiners is located at 9101 Burnet Road, Suite 104, at the Intersection of Highway 183 and Burnet Road in Austin, Texas. The mailing address is Box 140466, Austin, Texas 78714. Office hours are 8:00 am to 5:00 pm Monday through Friday, except for designated holidays. The Board's office will be closed on the following days:

May 29, 1995 -- Memorial Day

July 4, 1995 -- Independence Day

The Board of Nurse Examiners is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in employment or in the provision of services, programs or activities.

Board Meeting Dates/ Open Forum

Regular meetings of the Board of Nurse Examiners For the State of Texas are scheduled on the following dates:

May 10-11, 1995 (Austin)

July 12-13, 1995 (Austin)

The board meetings are open to the public. Any group or individual wishing to attend any portion of the board meeting should contact Erlene Fisher at (512) 835-8675 at least four weeks prior to the board meeting to verify availability of space, the date and location.

All contested cases (formal disciplinary hearings) are heard by an Administrative Law Judge in the State Office of Administrative Hearings. These hearings are open to the public. If interested, call the State Office of Administrative Hearings at (512) 475-4993.

Individuals or representatives have an opportunity to communicate directly with the Board during the Open Forum which is held at each meeting. Interested persons are requested to notify Erlene Fisher prior to the scheduled board meeting so that the request to address the Board is assured and to confirm the date, time, and location of the Open Forum.

BNE Publications Order Form

	Quantity	Price w/o Tax	Price w/Tax	TOTAL
A. <u>Nursing Practice Act (NPA)</u>				
1.) 1- 49 copies		\$2.00 each	\$2.16 each	
2.) 50 or more copies		\$1.50 each	\$1.62 each	
B. <u>Rules and Regulations</u>		\$5.00 each	\$5.40 each	
C. <u>NPA/Rules and Regulations Package</u> (One copy each of both)		\$6.00 package	\$6.48 package	
D. <u>Nursing Programs In Texas -- A Fact Book</u>		\$10.00 each	\$10.80 each	
E. <u>Nursing Education Advisory Committee (NEAC) Report</u>				
1.) Three volume set		\$25.00 set	\$27.00 set	
2.) Volume I -- " <i>Essential Competencies of Texas Graduates of Educational Programs of Nursing</i> "		\$10.00 each	\$10.80 each	
3.) Volume II -- " <i>Nursing Manpower: Trends and Issues</i> "		\$10.00 each	\$10.80 each	
4.) Volume III -- " <i>Executive Summaries</i> "		\$10.00 each	\$10.80 each	
F. <u>Disciplined Professional Nurses In the State of Texas</u>		\$10.00 each	\$10.80 each	
			TOTAL ORDER	

Fill out the above form and mail with your check or money order to: Board of Nurse Examiners, Box 140466, Austin, TX, 78714. Don't forget to include your name and current address. Information regarding BNE Publications can be obtained by calling Eric M. Gutierrez, Information Specialist, at (512) 835-8674.

BNE Staff News

(The purpose of this column is to highlight BNE staff achievements as well as any new hirings or changes in personnel.)

Karen Baicy, MN, RN, has been hired as a Nursing Consultant in the Board's Practice Department. Ms. Baicy's main responsibilities will be as a practice consultant and the coordination and management of BNE workshops throughout the state. Ms. Baicy received her Bachelor's degree in nursing from the University of Maryland, College Park, Maryland, and her master's degree in nursing from the University of California--Los Angeles, Los Angeles, California. Previously employed as an associate professor at both Idaho State University, Boise, Idaho, and Boise State University, Boise, Idaho schools of nursing, Ms. Baicy comes to the BNE after an extensive career as Chief Nursing Officer for Health Trust, Inc.

Maureen K. Frost, LSW, has been hired as an Investigator in the Board's Investigations Department. Ms. Frost, a Licensed Social Worker, has five years experience in the health care field and is currently pursuing a Master's degree in Public Administration.

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 For the State of Texas
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NEW! **BNE Bulletin Board** now on line. Modem dial (512) 835-8694 to download the Nursing Practice Act, board rules, position statements, and more. Details inside.

ACKNOWLEDGEMENTS



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RN Update is published quarterly by the Board of Nurse Examiners For the State of Texas. In compliance with the Americans With Disabilities Act, this document may be requested in alternate formats by contacting Mark Majek at the Board's office, (512) 835-8670 (Voice), (512) 835-8684 (FAX), 1-800-Relay-TX (TDD), or by visiting 9101 Burnet Road, Suite 104, Austin, TX.

CHANGE OF ADDRESS

Rule 217.10, Change of Name and/or Address, states that if a registered nurse/candidate for registration changes his/her name through marriage, divorce, religious order, or for any other reason, a request for a change of name should be sent to the Board's office within 10 days of the change of name. An affidavit will then be mailed to the petitioner.

A registered nurse must also notify the Board in writing within 10 days of a change of address.

With all correspondence include the following:

- 1.) RN license number, date of birth, and social security number
- 2.) Complete name including maiden name
- 3.) Complete address with zip code
- 4.) County and zip code of place of employment